



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD065522849

INSTALLATION ADDRESS

ALLIED PLAYERS INC  
PO BOX 6145  
HARTFORD

CT 06106

525 PARK STREET  
HARTFORD

CT 06106

REQUEST FOR CHANGE

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D065522849 Company Name: ALLIED PLATERS INC

Date of Request: 5/15/00 Town: HARTFORD

65  
627.00

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	P O BOX 260145 HARTFORD CT 06126-0145	379 CHAPEL RD SO WINDSOR CT 06074	PER 99 SQG REPORT
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

~~20700~~ 1992

EPA ID #: CTD 065522849

COMPANY NAME: Allied Plastics Inc

Date of Request: 5/12/92

TOWN: Hartford

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation			
II**	Location of Installation		<i>6/10/92</i> <i>(B)</i>	
III	Installation Mailing Address	PO BOX 6145	P.O. Box 260145 Hartford, Ct 06126-0145	1991 SQG report
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:)  SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

\*\* If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



4/8/

4/89

Inga Rubecka

REQUEST FOR CHANGE

EPA ID #: CTD 065522849

COMPANY NAME: Allied Platers Inc

TOWN: Hartford

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a	Installation Contact's Name	Schreier Thomas W	Daniel J Toce	per 1988 SQG Report
b	Installation Contact Title	Officer	President	
c	Installation Contact Phone #			
V a	Ownership			
b	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg)  SQG (100-1000kg)  GENERATOR  TRANSPORTER  TSDF	Change status to:	
X	EPA Waste Number(s)  TSD Facility Process Changes (handling methods).			

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is illegible and correct, leave Items I, II, and III blank. If you did not receive a preprinted label, complete all items. "Installation" means a site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law under 3010 of the Resource Conservation and Recovery Act.

CTD065522849

525 ALLIED PLATERS INC  
555 PARK ST PO Box 6145  
HARTFORD

CT 06106

525 555 PARK ST PO Box 6145  
HARTFORD

CT 06106 008

## FOR OFFICIAL USE ONLY

## COMMENTS

## INSTALLATION'S EPA I.D. NUMBER

## APPROVED

DATE RECEIVED  
(yr., mo., & day)

F C T D 0 6 5 5 2 2 8 4 9 3 1

8 0 0 7 0 7

JUL 7 2 39 PM '80

## I. NAME OF INSTALLATION

A L L I E D P L A T E R S I N C

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

P O B O X 6 1 4 5

## CITY OR TOWN

H A R T F O R D

## ST.

## ZIP CODE

C T 0 6 1 0 6

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5 5 2 5 P A R K S T R E E T

## CITY OR TOWN

H A R T F O R D

## ST.

## ZIP CODE

C T 0 6 1 0 6

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

S C H R E I E R T H O M A S W. O F F I C E R M G R.

2 0 3 - 2 4 9 - 6 8 3 9

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

C O R P O R A T I O N D A N I E L A T O C E P R E S I D E N T

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

## C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C T D 0 6 5 5 2 2 8 4 9

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY									
1	2	3	4	5	6	7	8	9	10
W	C	T	D	0	6	5	2	2	8
13	14	15	16	17	18	19	20	21	22

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6 23 - 26	2 F 0 0 9 23 - 26	3  23 - 26	4  23 - 26	5  23 - 26	6  23 - 26
7 F 0 0 7 23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13  23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31  23 - 26	32  23 - 26	33  23 - 26	34  23 - 26	35  23 - 26	36  23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)     
 ☐ 2. CORROSIVE (D002)     
 ☐ 3. REACTIVE (D003)     
 ☒ 4. TOXIC (D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Daniel A. Toce</i>	NAME & OFFICIAL TITLE (type or print) President DANIEL A. TOCE	DATE SIGNED 6-23-80
------------------------------------	--	------------------------



# ALLIED PLATERS INC

525 PARK ST., HARTFORD, CONN. 06106, TEL. 249-6839

Small Only

August 18, 1980

United States Environmental Protection Agency  
RPA Region 1 Permit Branch  
P.O. Box 8748  
Boston, Mass. 02114


Gentlemen:

Re. Form OMB No. 158-S79016  
GSA No. 0246-EPA-OT  
Installation's EPA I.D. No. CTD065522849

We are writing to you in regards to amending the above form which we submitted to you. Since we submitted the form we received instructions on how to fill the form from our Plating Association and would like to amend the form accordingly. We are a "Small Quantity Generator" and the back page should not apply to our Operations. Please take the necessary action to amend the form we have submitted to your office. Thank you.

Very truly yours,

ALLIED PLATERS, INC.

  
Thomas W. Schreier,  
Office Manager



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.

CT D065522849

I. NAME OF INSTALLATION

FROM  
**ALLIED PLATERS, INC.**II. INSTALLATION  
MAILING  
ADDRESS525 PARK STREET  
HARTFORD, CONN. 06106III. LOCATION  
OF INSTALLATION525 PARK STREET  
HARTFORD CONN 06106

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

## I. NAME OF INSTALLATION

ALLIED PLATERS INC

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 6145

CITY OR TOWN

4 HARTFORD CONN

ST.

ZIP CODE

CT 06106

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 525 PARK STREET

CITY OR TOWN

6 HARTFORD

ST.

ZIP CODE

CT 06106

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

27 THOMAS W SCHREIER

PHONE NO. (area code &amp; no.)

203-249-6839

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 DANIEL A TOCE PRESIDENT CORPORATION

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/REUSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C7D065522849

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



NA  
Small Quantity Generator

I.D. - FOR OFFICIAL USE ONLY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
													1	

**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)     
 ☐ 2. CORROSIVE (D002)     
 ☐ 3. REACTIVE (D003)     
 ☒ 4. TOXIC (D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Thomas W Schreier</i>	NAME & OFFICIAL TITLE (type or print) Thomas W Schreier TREASURER	DATE SIGNED 8/18/80
---------------------------------------	---	------------------------

— Amended Copy —